


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90414 001 ***150.00

DOCUMENT # K87866 1. Entity Name WCR CONSULTANTS, INCORPORATED	
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Principal Place of Business % WILLIAM C. ROBBINS 2800 PARR CT. W. JACKSONVILLE, FL 32216	Mailing Address % WILLIAM C. ROBBINS 2800 PARR CT. W. JACKSONVILLE, FL 32216
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14014231



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2952510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBBINS, WILLIAM C. 2800 PARR CT. W. JACKSONVILLE, FL 32216
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ROBBINS, WILLIAM C.
STREET ADDRESS	2800 PARR CT. W.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VSD
NAME	ROBBINS, MARIEDITH
STREET ADDRESS	2800 PARR CT. W.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	ROBBINS, J GLENN
STREET ADDRESS	6518 RAMOTH DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	D
NAME	ROBBINS, DAWN
STREET ADDRESS	6518 RAMOTH DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. C. Robbins

W.C. Robbins

4/28/05

4-29-05

(904) 641-5321

Date Daytime Phone #